## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/503506

FORM OIPE-RAM-01 (Rev. 12/97)

## Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	х	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101					<u>690:00</u>		690.00
Total Claims >20	203/103	<u>33</u> .20 =	<u>13</u> .	- <b>X</b>	<u> </u>	18.00	•	234.00
Independent Claims >3	202/102	<u>4</u> .3 •		x		78.00		78,60
Mult. Dep Claim Present	204/104							
Surcharge	205/105	•						
English Translation	139						•	
TOTAL FEE CALCULA	ATION							1392,00
Fees due upon filing t	he application:						٠	
Total Filing Fees Due	= \$	1392,00		_		•		
Less Filing Fees Subm	nitted - \$			_				
BALANCE DUE	= \$	392.00	<del></del>	_				
Office of Initial Patent	 Examination	<del></del>						
FORM OIDS BANK OF THE		Fig	ure 7					

AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 91503506 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 1) (Column 2) TYPE [ OR **SMALL ENTITY FOR** NUMBER FILED **NUMBER EXTRA** FEE **RATE** FEE RATE 345.00 690.00 **BASIC FEE** OR minus 20= **TOTAL CLAIMS** 3 てる X\$18= X\$ 9= OR <u>234.w</u> INDEPENDENT CLAIMS minus 3 =<u>ت.</u> 18 X39= X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +260= +130= OR 26c,60 \* If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL** OR TOTAL **OTHER THAN CLAIMS AS AMENDED - PART II** SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST ADDI-ADDI-4 REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **PREVIOUSLY AMENDMENT AFTER EXTRA FEE** FEE PAID FOR AMENDMENT X\$18=Total Minus \*\* X\$ 9= OR Minus Independent X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TÓTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **PREVIOUSLY AMENDMENT AFTER EXTRA** FEE FEE **AMENDMENT** PAID FOR Minus Total X\$ 9= X\$18=OR Minus Independent X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) HIGHEST **CLAIMS** ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **PREVIOUSLY** AFTER **AMENDMENT EXTRA** AMENDMENT PAID FOR FEE FEE Minus Total X\$18= X\$ 9= OR = Minus Independent X78= X39 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

OR

ADDIT. FEE

TOTAL

ADDIT, FEE

Application or Docket Number